



# 2018 OPEN ENROLLMENT EMPLOYEE GUIDE

.....  
Your Life. Your Health.  
Your Benefits. Your Choice.  
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Sunday, April 1- Friday, April 13

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# WHAT YOU NEED TO KNOW ABOUT OPEN ENROLLMENT 2018

As a City of Houston employee, you can access Employee Self-Service (ESS) at any time to view and print out your current benefits. If you do not want to make any changes to your benefit plans except for the Healthcare Flexible Spending Account (HFSA) during Open Enrollment, you do not need to do anything. You will remain in your current health plan.

**\*See Option 4 below for Healthcare Flexible Spending Account enrollment.**

**Select the Open Enrollment option below that is right for you.**

OPTION 1	OPTION 2
<b>No Benefit Plan Changes</b> If you are not making any changes to your benefits elections, other than *enrolling or re-enrolling in the Healthcare Flexible Spending Account (HFSA), you do not need to log on to ESS. You will keep your current plan selections. *See Option 4 for details regarding HFSA.	<b>Enroll/Change Benefit Elections</b> If you are enrolling or changing your benefits, log in to ESS to make your selections.  Supporting documents are required for dependents, see page 3 for details.
OPTION 3	OPTION 4
<b>Waive Benefit Coverage</b> If you are waiving coverage, please log in to ESS and elect the Waive option for Medical, Dental or Vision.	<b>*Enroll/Re-enroll in HFSA</b> You must enroll or re-enroll in the Healthcare Flexible Spending Account (HFSA). <b>Important!</b> You will not automatically be re-enrolled into the HFSA if you did not elect it. There will be no exceptions to this rule.

## What's New

1. Contribution rates are increasing in all medical plans.
2. Autism Spectrum Disorder (ASD) is now covered as a medical benefit.
3. Cholesterol medications (statins) will be available for no co-pay at retail pharmacies if you are between the ages 40 and 75.
4. Telehealth benefits are available. If your doctor provides this service, a co-payment will apply.
5. Any unused Healthcare Flexible Spending Account funds as of April 30, 2019 will be lost and forfeited, so it is important to elect an amount that you will use between May 1, 2018 - April 30, 2019.

## NOTICES:

1. If you are adding a new dependent to your medical, dental or vision plan, you must submit supporting documentation by **April 13, 2018**. If your documentation is not received before the deadline, your dependent will not be added for coverage. **There will be no exceptions.**
2. If you are electing or increasing Voluntary Life Insurance, you must complete an Evidence of Insurability (EOI) form to be reviewed and approved for the benefit. You (the employee) must be enrolled in Voluntary Life Insurance if you would like to elect Voluntary Life Insurance coverage for your spouse and/or dependent child(ren). If you are purchasing Voluntary Life Insurance for your spouse or child, an Evidence of Insurability (EOI) form must also be completed for your spouse or child.
3. A new insurance card will only be received if you are a new enrollee, or if you are changing your health plan. You may log on to **www.mycigna.com** at any time to request or print additional medical benefits cards, for you and/or dependents.
4. It is important to update your Death Termination Pay Beneficiary information. Please complete the form and have it notarized by a Human Resources Benefits Representative at 611 Walker - 4th Floor or a notary public that is convenient for you.
5. The Delta Dental Plans are switching from a calendar year to a contract year which is May 1, 2018 - May 1, 2019. Your 2018 deductibles and maximums will begin from January 1, 2018 through April 30, 2019. Starting May 1, 2019, deductibles and maximums will reset every year on May 1<sup>st</sup>.

## Eligibility

### Your eligible dependents are defined as:

- Legal spouse
- Natural or adopted children to age 26
- Children to age 26, over whom you have legal guardianship or legal foster care
- Biological grandchildren and stepchildren to age 26 if they qualify as your dependents for federal income-tax purposes and live with you
- A dependent child who is 26 or older, primarily supported by you, and incapable of self-sustaining employment by reason of mental incapacity, physical disability or handicap, which arose while the child was covered as a dependent under these plans, or while covered as a dependent under prior city plans without a break in coverage.  
Upon applying and receiving third party medical administrator's approval, proof of the child's condition and dependency must be submitted within 31 days or the child ceases to qualify for benefits.
- Dependents (children and grandchildren) for whom a court order has been received requiring the employee to provide healthcare coverage, provided HR Benefits receives the court order within 31 days after issuance.

### NOTICES:

1. Changes to your benefits are limited to Open Enrollment periods, unless you have experienced a qualifying life event.
2. After a divorce, an ex-spouse is not eligible, except by court order issued at the time of a divorce. A divorce decree may be amended to require a retiree to cover an ex-spouse under a city health plan.

### Required Supporting Documents

**ALL necessary documents as identified below must be submitted and verified before dependents can be covered under any of the City of Houston benefits plans. Submitted documents must be County Clerk certified or court-filed documents. Each submitted document will be reviewed by the Benefits Division for approval before processing changes to coverage.**

#### Supporting Documents Required to Add Dependent Coverage

Legal Spouse	Biological Children (under the age of 26)	Stepchildren (under the age of 26)	Biological Grandchildren* (under the age of 26)	Adopted/Court Ordered Dependents
<input type="checkbox"/> Social Security Number <input type="checkbox"/> Marriage Certificate copy (front) and <input type="checkbox"/> Marriage Certificate copy (back)  <b>OR</b> <input type="checkbox"/> Social Security Number and <input type="checkbox"/> Declaration of Registration of Informal Marriage (Common Law)	<input type="checkbox"/> Social Security Number and <input type="checkbox"/> Birth Certificate  <b>OR</b> <input type="checkbox"/> Verification of Birth Facts and <input type="checkbox"/> Social Security Number	<input type="checkbox"/> Social Security Number <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Marriage Certificate copy (front) and <input type="checkbox"/> Marriage Certificate copy (back)	<input type="checkbox"/> Social Security Number <input type="checkbox"/> Current IRS Filing <input type="checkbox"/> Birth Certificate (of covered grandchild) and <input type="checkbox"/> Birth Certificate (of covered grandchild's natural parent/ employee's biological child)  <i>*Step-grandchild(ren) are not eligible for coverage</i>	<input type="checkbox"/> Social Security Number and <input type="checkbox"/> Adoption/Guardianship documents  <b>OR</b> <input type="checkbox"/> Social Security Number and <input type="checkbox"/> Custody/ Court Order documents

**Benefits Eligibility Contact Information:** ☎ 832-393-6000 🖨 832-395-9409 ✉ [benefitseligibility@houstontx.gov](mailto:benefitseligibility@houstontx.gov)

## ENROLLING

### Employee Self-Service is your benefits enrollment and update tool.

- Use the Employee Self-Service (ESS)
- [www.portal.houstontx.gov](http://www.portal.houstontx.gov)** to enroll or make changes to your benefits. ESS is available 24/7 and makes electing and updating your benefits simple because it's a one-stop-shop. Check your mailing address, view your paycheck, update your benefits and more all online. The enrollment application is secure, and your information will be protected, whether you are at home, at work, or using a public computer.

### During this Open Enrollment, use ESS to make your benefit selections or update your coverage for:

- Medical, Dental and Vision plans
- Beneficiary designation for Basic Life and Voluntary Life Insurance
- Voluntary Life Insurance
- Healthcare Flexible Spending Account

To access ESS, visit **[www.portal.houstontx.gov](http://www.portal.houstontx.gov)**  
For password reset contact HITS 832-394-4487 or [HITSCustomerServiceCenter@houstontx.gov](mailto:HITSCustomerServiceCenter@houstontx.gov)





## NEED HELP DECIDING WHAT MEDICAL PLAN IS RIGHT FOR YOU?



Cigna's **Pre-Enrollment Line** is available to all current and new hire employees all year long. Call today and speak with a knowledgeable enrollment specialist for:

- Medical plan comparison
- Help finding participating doctors and other healthcare professionals
- Comparisons of all Cigna products and resources available to you



For questions about Cigna coverage and enrollment, call the Pre-Enrollment Line 24/7 at 800-401-4041.

## CITY OF HOUSTON MEDICAL PLANS

*Whether you want more choices or more monthly savings, the city offers three unique medical plan options to meet your individual needs. All include free preventive care services and a four-tier prescription drug plan.*

**\$**

### Consumer Driven Health Plan (CDHP)

Same broad network as the Cigna Open Access Plan, plus access to out-of-network services at higher deductibles and co-insurance, but includes a Health Reimbursement Account.

**This is the least expensive option for monthly contribution rates.**

**\$\$**

### Cigna Limited Network

All your medical care comes from one of three provider groups.

1. **Kelsey-Seybold**
2. **Memorial Hermann**
3. **Renaissance**

**This is the middle-of-the-road option for monthly contribution rates.**

**\$\$\$**

### Cigna Open Access

You'll be able to visit any of the more than 572,800 providers in Cigna's national network, but only true emergency\* services are available out-of-network.

**This is the most expensive option for monthly contribution rates.**



## Medical Plans Comparison

Plan features	Consumer-Driven Health Plan		Cigna Limited Network	Cigna Open Access
	In-network	Out-of-network		
<b>Medical service deductible</b>	Individual \$1,750 Family \$3,500	Individual \$3,500 Family \$7,000	Individual \$150 Family \$450	Individual \$750 Family \$1,500
<b>Plan year out-of-pocket max</b>	Individual \$6,840 Family \$13,700	Individual \$12,000 Family \$24,000	Individual \$4,500 Family \$9,000	Individual \$6,840 Family \$13,700
<b>Health reimbursement account</b>	Yes. The city pays the first \$500 to \$1,000 depending on coverage tier.		No	No
<b>Network options</b>	Includes Cigna's national network Out-of-network services provided with higher co-insurance and deductibles		Choose from one of three Cigna Limited Network provider groups: Kelsey-Seybold, Memorial Hermann Health Network or Renaissance.  Only true emergencies* are covered out of the provider group	Includes Cigna's national network Only true emergencies* are covered out of network
<b>PCP</b>	You pay 20% after the deductible is met	You pay 40% after the deductible is met	\$35	\$40
<b>Specialist</b>			\$65	CCN** \$65/ Non-CCN \$80
<b>Outpatient surgery</b>			\$350 per surgery Maximum of \$700 per plan year after the deductible is met	You pay 30% after the deductible is met
<b>Inpatient facility</b>			\$600 per day Maximum of \$2,400 per plan year after the deductible is met	
<b>Emergency room</b>			\$400	
<b>Urgent care services</b>			\$65	100% after \$75 per visit co-payment

\* A true emergency is when an illness or injury places a person's health or life in serious jeopardy and treatment cannot be delayed. Examples include difficulty breathing, chest pain, a head injury or ingestion of a toxic substance.

\*\* Cigna Care Network

## MEDICAL PLAN RATES



Rates are increasing across all plans. The plans are still affordable and are competitive with other local employers. You still have access to the same level of service, and each year the city strives to make improvements that add value to the plans.



### Biweekly Rates – No Discounts Applied; Includes Tobacco Use Premium

Tier	Cigna Limited Network		Cigna Open Access		CDHP	
	From	To	From	To	From	To
Employee only	\$66.72	<b>\$68.67</b>	\$89.73	<b>\$93.21</b>	\$56.88	<b>\$58.17</b>
Employee + children	\$125.15	<b>\$131.00</b>	\$194.16	<b>\$204.61</b>	\$95.69	<b>\$99.57</b>
Employee + spouse	\$166.88	<b>\$174.68</b>	\$258.90	<b>\$272.83</b>	\$127.59	<b>\$132.76</b>
Employee + family	\$225.32	<b>\$237.01</b>	\$363.34	<b>\$384.24</b>	\$166.39	<b>\$174.15</b>

### Did you complete your wellness engagement activities this year?



Each year, employees who engage in healthy activities are given opportunities for saving on their medical plan rates. See the chart below for biweekly rates if you qualify for all discounts.

- Employees and covered dependents who do not use tobacco products save \$12.50 per paycheck.
- Employees who complete the city's two-step wellness program save \$25 per paycheck.
- Covered spouses who complete the city's two-step wellness program save the employee \$12.50 per paycheck.

### SAVINGS OPPORTUNITY

**SAVE up to \$1,200 a year with wellness program participation and non-tobacco user discounts!**

**PAY THE LOWEST RATE!**  
Complete the city's wellness program and abstain from tobacco products.

### Biweekly Rates – All Discounts Applied

Tier	Cigna Limited Network		Cigna Open Access		CDHP	
	From	To	From	To	From	To
Employee only	\$29.22	<b>\$31.17</b>	\$52.23	<b>\$55.71</b>	\$19.38	<b>\$20.67</b>
Employee + children	\$87.65	<b>\$93.50</b>	\$156.66	<b>\$167.11</b>	\$58.19	<b>\$62.07</b>
Employee + spouse	\$116.88	<b>\$124.68</b>	\$208.90	<b>\$222.83</b>	\$77.59	<b>\$82.76</b>
Employee + family	\$175.32	<b>\$187.01</b>	\$313.34	<b>\$334.24</b>	\$116.39	<b>\$124.15</b>

**\*Add \$12.50 if you or a family member uses tobacco products.**

\$

### Consumer Driven Health Plan

#### Office visit with PCP

Total billed charges	\$264
*Allowable charges	\$121
<b>Employee co-pay</b>	-\$0

**The City Paid \$121**

#### Office Surgery

Total billed charges	\$5,720
*Allowable charges	\$869.63
<b>Employee co-pay</b>	-\$173.92

**The City Paid \$695.70**

\$\$

### Limited Plan

#### Emergency room visit

Total billed charges	\$7,250
*Allowable charges	\$2,160
<b>Employee co-pay</b>	-\$400

**The City Paid \$1,760**

#### One week hospital admission

Total billed charges	\$180,807
*Allowable charges	\$125,126
<b>Employee co-pay</b>	-\$2,400

**The City Paid \$122,726**

#### Four month hospital admission

Total billed charges	\$4,388,914
*Allowable charges	\$1,201,953
<b>Employee co-pay</b>	-\$2,550

**The City Paid \$1,199,403**



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### Open Access Plan

#### One day hospital admission

Total billed charges	\$22,266
*Allowable charges	\$5,377
<b>Employee co-pay</b>	-\$1,613 (30%)

**The City Paid \$3,764**

#### Office visit with a specialist

Total billed charges	\$624
*Allowable charges	\$311
<b>Employee co-pay</b>	-\$65

**The City Paid \$246**

#### Routine physical with PCP including lab

Total billed charges	\$977
*Allowable charges	\$511
<b>Employee co-pay</b>	-\$0

**The City Paid \$511**

#### Outpatient procedure in doctor's office

Total billed charges	\$4,704
*Allowable charges	\$1,776
<b>Employee co-pay</b>	-\$815

**The City Paid \$961**

#### The same employee had a similar procedure two months later and met their deductible

Total billed charges	\$4,704
*Allowable charges	\$1,776
<b>Employee co-pay</b>	-\$65

**The City Paid \$1,711**

\*Allowable charges are Cigna negotiated discounts.



# PRESCRIPTIONS

When it comes to filling your prescriptions, choice, convenience and cost are important to you. We get that. They're important to us, too.

With **Cigna 90 Now**, you have the choice of filling your medications in either a 30-day or 90-day supply at the pharmacy that's most convenient for you.

There are over 68,000 retail pharmacies in your new network. They include local pharmacies, grocery stores, retail chains and wholesale warehouse stores - all places where you may already shop.

All pharmacies in your new network can fill 30-day prescriptions, and a select number of pharmacies can fill 90-day prescriptions. To see a complete list of pharmacies in your network, visit **Cigna.com/Rx90network**.

You can get some 90-day medications for free when you use Cigna Home Delivery.

## NEW MONEY \$AVER

Get cholesterol medications (statins) for no co-pay at retail pharmacies if you are between ages 40 to 75.



Prescription Plan Features Comparison				
Prescription plan features	Cigna Limited Network	Cigna Open Access	Consumer-Driven Health Plan	
			In-network	Out-of-network
Prescription deductible	Individual \$100 Family \$300	None	Yes. Combined medical and pharmacy deductible, except for certain preventive medications, which are not subject to deductible.	
Retail generic	\$10 or cost	\$10 or cost	You pay 20% Plan pays 80% after the deductible is met Specialty medications are 30-day supply only	You pay 60% Plan pays 40% after the deductible is met
Retail preferred	\$45	20% (\$45 min/\$100 max)		
Retail non-preferred	\$60	40% (\$55 min/\$150 max)		
Retail specialty	\$100	40% (\$100 min/\$300 max)		

### 30-day prescription pharmacies include:

- CVS/Target
- Kroger
- H-E-B Pharmacy
- Kelsey-Seybold
- Walgreens
- Walmart
- Participating independent pharmacies

### 90-day prescription pharmacies include:

- CVS/Target
- Kroger
- Walmart



## WAYS TO SAVE ON SPECIALTY PRESCRIPTION MEDICATIONS

When you are fighting cancer or dealing with a difficult condition like multiple sclerosis (MS), your physician may subscribe you “Specialty Prescription Medications.”

Specialty medications are very costly and may have certain restrictions on insurance coverage. It is always a good practice to ask your doctor for generic or other alternatives.

Patient assistance programs and coupons are available through some of the prescription drug manufacturers. This information is easily accessible through an internet search or by calling Cigna’s Personal Health Team at 800-997-1406.

### Additional resources that can reduce your cost:

1. Discussion with healthcare provider.
2. Call Cigna’s Personal Health Team at 800-997-1406.

**\$\$**

### Limited Plan True Cost Scenarios for Pharmacy

One month supply of a generic high blood pressure medication	\$36.55
<b>Employee co-pay</b>	<b>-\$10</b>

<b>The City Paid</b>	<b>\$26.55</b>
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One month supply of a brand high blood pressure medication	\$275.76
<b>Employee co-pay</b>	<b>-\$45</b>

<b>The City Paid</b>	<b>\$230.76</b>
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One month supply of a non-preferred cholesterol medication	\$338.64
<b>Employee co-pay</b>	<b>-\$60</b>

<b>The City Paid</b>	<b>\$278.34</b>
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One month supply of a specialty medication	\$65,376
<b>Employee co-pay</b>	<b>-\$200</b>

<b>The City Paid</b>	<b>\$65,176</b>
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One month supply of a non-preferred diuretic medication	\$213.04
<b>Employee co-pay</b>	<b>-\$60</b>

<b>The City Paid</b>	<b>\$153.04</b>
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## DID YOU KNOW?

*You could get your prescriptions and many of your medical supplies for free!*

## KEEP MORE MONEY IN YOUR POCKETS



Cigna Home Delivery makes taking care of yourself much more convenient and affordable.

**Call Cigna Home Delivery Pharmacy at 1-800-285-4812 to get a three-month supply of these medications delivered to your home for \$0 co-pay:**

- Generic and brand name asthma medications
- Generic cardiovascular and high blood pressure medications
- Preferred-brand diabetic test strips
- Brand name insulin
- Generic cholesterol medications
- Generic diabetic medications
- City health plan members not enrolled in Medicare are eligible for \$0 co-pay diabetic blood glucose meters



**In accordance with the Affordable Care Act, the following medications are also available for \$0 co-pay:**

- Tobacco cessation prescriptions and over-the-counter medications
- Generic prescription contraceptives, over-the-counter female contraceptives with a prescription from a physician, and contraception counseling

**Visit [mycigna.com](http://mycigna.com) to view all \$0 co-pay contraception options being offered.**



# DENTAL PLAN OPTIONS

Dental wellness is an important component in your overall health.

The city offers two dental plans:

**1. Dental Health Maintenance Organization (DHMO)** is a network of dentists that offers a comprehensive range of dental services for fixed copayments. You choose a primary-care dentist who coordinates your care and refers you to specialists. You must live in the defined service area, to enroll in this plan.

**2. Dental Preferred Provider Organization (DPPO)** is a traditional plan with a comprehensive range of dental services from the provider of your choice anywhere in the United States. Visit a network DPPO dentist to maximize your savings, as these dentists have agreed to reduced fees, so your share of the bill will also be lower.

Biweekly Dental Rates		
Tier	DHMO	DPPO
Employee only	\$4.24	\$17.11
Employee + one	\$9.72	\$39.34
Employee + two or more	\$13.32	\$53.87

Dental Plan Features Comparison		
Plan features	DHMO	DPPO
<b>Preventive services:</b> Cleaning and oral examinations, bitewing X-rays	Preventive services - \$0	The plan pays 100% of services, up to usual and customary limits. \$0 deductible.
<b>Basic services:</b> Extractions, root canals, oral surgery, restorative services (excluding gold fillings) and periodontal scaling	Extraction, Coronal remnants - \$9 Periodontal scaling - \$14 - \$24 Root canal therapy, molar - \$162	After you pay the annual deductible, the plan will pay 80% of services, up to usual and customary limits.
<b>Major services:</b> Initial fixed bridgework, crowns and dentures, replacement of bridgework	Crown, titanium - \$210 Complete denture, maxillary - \$260 Immediate denture, maxillary - \$270	After you pay the annual deductible, the plan will pay 50% of services, up to usual and customary limits.
<b>Orthodontic services:</b> Covered services up to two years	Adult, 24 - month case- \$2,000 Adolescent, 24 - month case - \$1,800 Interceptive ortho service - \$1,100 (primary and transition dentition)	After you pay the annual deductible, the plan will pay 50% of services, up to usual and customary limits. The lifetime maximum benefit is \$1,000 per individual.
<b>Service area</b>	Houston-area counties	Anywhere in the United States
<b>Annual maximum benefit</b>	No annual maximum benefit	\$2,000 per individual
<b>Annual deductible</b>	No annual deductible	\$50 for each individual/\$150 family
<b>Primary dentist referrals for specialty care</b>	Yes	No
<b>Claim forms</b>	No	Yes

## NEW PLAN CHANGE!

Your Delta Dental Plan is switching from a calendar year (January 1<sup>st</sup> – December 31<sup>st</sup>), to a contract year (May 1<sup>st</sup> – April 30<sup>th</sup>).

### True Cost Example for Filling Chart PPO plus Premier Value Example

Resin-based composite – two surface, posterior (D2932) Basic Restorative: 80%	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Contracted Dentist 90th Reimbursement
Average submitted dentist's charge	\$206	\$206	\$206
Maximum plan allowance	\$123	\$149	\$277
Delta Dental pays	80% /\$98.40	80%/\$119	80%/\$164.80
<b>YOU PAY</b>	<b>\$25.60</b>	<b>\$29.80</b>	<b>\$41.20</b>
With a PPO dentist you <b>SAVE!</b>	<b>\$</b>	<b>\$\$</b>	<b>\$\$\$</b>

### True Cost Example for Crown Chart PPO plus Premier Value Example

Crown (D2750) Major: 50%	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Contracted Dentist 90th Reimbursement
Average submitted dentist's charge	\$1,026	\$1,026	\$1,026
Maximum plan allowance	\$690	\$840	\$1,026
Delta Dental pays	50% /\$345	50%/\$420	50%/\$513
<b>YOU PAY</b>	<b>\$345</b>	<b>\$420</b>	<b>\$513</b>
With a PPO dentist you <b>SAVE!</b>	<b>\$</b>	<b>\$\$</b>	<b>\$\$\$</b>

### Don't Forget

1. Two free preventive cleanings are included in your dental plan May 1, 2018 – April 30, 2019.
2. Complete all scheduled periodontal treatments with your dental provider.

## DID YOU KNOW?



**That an eye exam can be as effective as a physical in determining your health!**

Unfortunately, many Americans put off going to the eye doctor if they feel like their vision has not changed. Comprehensive eye exams are important for many reasons. Your eyesight may change very gradually over time, and you may not even know that you need a stronger prescription. Your eye doctor will also perform several tests during the eye examination that will rule out eye disorders such as glaucoma, cataracts or retinal problems.



## 7 HEALTH PROBLEMS EYE EXAMS CAN DETECT

1. Diabetes
2. Hypertension
3. Autoimmune disorders
4. High cholesterol
5. Thyroid disease
6. Cancer
7. Tumors



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## VISION PLAN

The city offers a stand-alone vision plan.

You have the freedom to choose a provider from a participating list that includes retail chains as well as independent practices. There are no deductibles and no claim forms, unless you use a non-network provider. If you use a non-network provider, you will have to pay for those services up front and be reimbursed.

**Please visit ESS to check the bi-weekly premiums and make your elections.**

### Plan includes:

- An annual routine eye exam with a \$20 co-payment
- Yearly eyewear benefit for either eyeglasses or contact lenses with \$25 co-payment
- For eyeglasses - \$150 retail allowance for frames
- For contact lenses - \$150 retail allowance for contact lenses and lens fitting fee
- The following standard lens options are covered at 100 percent: single vision, bifocal, trifocal, lenticular, progressives, high-index and polycarbonate
- Lens extras covered at 100 percent: tints, photochromic, UV coating, scratch coating and anti-reflective
- A \$300 LASIK benefit



### Participating major retail providers include:

- Eyemasters/Visionworks
- Target Optical
- Sam's Club
- TSO
- Today's Vision
- Eye Care Centers of America
- Sears Optical
- Walmart
- Lens Crafters
- Pearle Vision
- Vision Source
- Plus over 1,000 more providers



## LIFE INSURANCE

The city provides all full-time employees with Basic Life Insurance at one time base salary at no cost. With submission of appropriate documentation, your spouse is eligible for a \$2,000 life insurance benefit. Dependent children may also qualify for a \$1,000 life insurance benefit.

If your life situation changes at any time — such as marriage, divorce or death — **you should update your beneficiary as soon as possible.**



## VOLUNTARY LIFE INSURANCE

You have the option of purchasing Voluntary Life Insurance up to four times your base salary. You can add coverage for a spouse at half of your salary, up to a maximum of \$50,000 and coverage for children up to \$10,000. To apply for Voluntary Life Insurance for your spouse or children you must first have Voluntary Life Insurance for yourself (employee).

Premiums are based on your age, salary and coverage options. Applicable rates are available on Employee Self-Service (ESS) [www.portal.houstontx.gov](http://www.portal.houstontx.gov)

***If you are initially applying for or increasing your Voluntary Life Insurance benefit follow these steps:***

STEP 1:	STEP 2:	STEP 3:
Make your Voluntary Life Insurance selections on Employee Self-Service (ESS) <a href="http://www.portal.houstontx.gov">www.portal.houstontx.gov</a> . You will receive a packet from Dearborn National Life Insurance Co. by mail that will include an Evidence of Insurability (EOI) Form by the 1st week of May.	<b>Submit your forms by one of the options below:</b>  <b>1. Mailing Address:</b> Dearborn National Life Insurance Co. <b>Attention:</b> Medical Underwriting P.O. Box 655403 Dallas, TX 75265  <b>2. Fax:</b> Dearborn National Life Insurance Co. <b>Attention:</b> Medical Underwriting Fax: 972-996-9371	Deductions from your paycheck will begin upon review and approval by Dearborn National. If you do not receive notification from Dearborn within 30 days of submitting your forms, contact them directly at 800-348-4512.

## REMINDER

**Supplemental Insurance Plans**, such as The Hartford and Continental American Insurance Co., are pre-tax benefits. You can only add or terminate these pre-taxed benefits during Open Enrollment.



**Contact these vendors directly for more assistance:**

- The Hartford  
866-547-4205 and  
provide city policy  
#460101
- Continental American  
Insurance Co.  
866-849-0011 or  
832-639-4453

## SUPPLEMENTAL INSURANCE

The City of Houston's Supplemental Insurance offerings include Group Accidental insurance, Group Critical Illness with Cancer and Group Hospital Indemnity. They will help protect you and your family against unexpected costs due to accidents, injuries, medical conditions and hospitalization. Individual and family supplemental coverage may be a good fit for some employees who want extra financial protection.

### Group Accident: Provided by The Hartford

- Offers coverage with lump sum cash payments that can be used for expenses incurred from an accident or any other expenses
- Provides 24-hour coverage on and off the job
- Paid in addition to city medical plan benefits

### Enrolling in a supplemental plan For Group Accident:

1. Enroll online at [thehartford.com/benefits/enroll](http://thehartford.com/benefits/enroll)
  - Need additional enrollment support?  
Call 855-396-7655 (city policy #460101).

#### 2. Log In Info:

**User ID:** Your Employee ID  
(include the letter "E" in front)

**Password:** First letter of your first name and first letter of your last name in lower case followed by your DOB (MMDDYY)

### Group Hospital Indemnity: Provided by Continental American Insurance Company

- One-time hospital admission benefit of \$500
- \$100 a day for ICU confinement (up to 30 days)
- \$150 a day for hospital room confinement (up to 30 days)
- \$125 for outpatient surgery
- \$25 health screening benefit

### Group Critical Illness with Cancer: Provided by Continental American Insurance Company

- Up to a \$20,000 lump sum is paid directly to you upon diagnosis
- Covers cancer, heart attack, stroke, coma, major organ transplant, kidney failure, angioplasty/stint, burns, etc.
- Different illness occurrence payable at 100 percent, if six months apart/Same illness reoccurrence benefits payable at 100 percent, if six months apart (12 months for cancer)
- \$75 health screening benefit
- No lifetime limit on payout

### Enrolling in Group Hospital Indemnity Group Critical Illness Plan with Cancer

1. Enroll online at [mywecarebenefits.net/wecare](http://mywecarebenefits.net/wecare)
  - Need additional enrollment support?  
Call 866-849-0011 or 832-639-4453.
2. Log In Info:
  - Case ID:** A932
  - User ID:** Your Employee ID
  - Password:** Houston18 (Case Sensitive)



# HEALTHCARE FLEXIBLE SPENDING ACCOUNT

The Healthcare Flexible Spending Account (HFSA) allows you to stretch your budget further. The HFSA is a voluntary pre-tax benefit plan that allows you to set aside money from your paycheck to be used to pay the out-of-pocket medical, prescription, dental and vision expenses that you and your dependents incur.

**You never pay taxes on the money you put into your account, giving you more **BANG FOR YOUR BUCK** when you use pre-tax money to reimburse qualified healthcare expenses.**

## How does it work?

### STEP 1:

You will receive a WageWorks Healthcare Card.

### STEP 2:

Use your card just like a debit card at your doctor's office, pharmacy and more to pay for qualified expenses for instant reimbursement.

## Selecting an Election Amount

Three things to keep in mind when selecting an election amount:

1. Your total election amount is available on May 1, 2018 - April 30, 2019 so the HFSA can help regulate your healthcare spending and take care of the unexpected expenses along the way.
2. Employees minimum annual election amount is \$240 and the maximum is \$2,550.
3. As a HFSA participant, you still have the 90-day Run-Out period (May 1, 2018 - July 31, 2019) to file claims and request reimbursement for expenses incurred prior to the end of the HFSA plan year April 30, 2019.

### NOTE

**Any unused HFSA funds as of April 30, 2019 will be lost and forfeited so it is important to elect an amount that you will use between May 1, 2018 - April 30, 2019.**

## HFSA Annual Tax Savings Example

Without HFSA		With HFSA	
Gross annual pay	\$35,000	Gross annual pay	\$35,000
Estimated tax rate	- \$9,677	HFSA contribution	- \$2,500
Net annual pay	= \$25,322	Adjusted gross pay	= \$32,500
Estimated annual healthcare expenses	- \$2,500	Estimated tax rate (30%)	- \$8,986
Final take-home pay	= \$22,822	Final take-home pay	\$23,513
Take home this much more >>> \$691			

## Examples of qualified expenses include:

- Co-payments, co-insurance and deductibles for medical, vision and dental services
- Chiropractor
- Eyeglasses, reading glasses, contact lenses and contact lens solution
- LASIK
- Bandages and related items
- First aid kits
- Hearing aids and batteries
- Medical equipment
- Lab fees and diagnostic services
- Hospital services and fees



## HFSA at a glance You must re-enroll each year

**Minimum contribution:** \$240 a year  
**Maximum contribution:** \$2,550 a year  
**Plan year:** May 1, 2018 - April 30, 2019

**Incur claims:** May 1, 2018 - April 30, 2019  
**Deadline to file claims:** July 31, 2019  
**Administrator:** WageWorks



## CHANGES FOR HFSA PLAN YEAR MAY 1, 2018 – APRIL 30, 2019

The carryover option exercised in prior years for the HFSA will not be allowed for the 2018-2019 HFSA benefit plan year. This means that participants who enrolled in last year's healthcare flexible spending account for May 1, 2017 through April 30, 2018 will be allowed to carryover unused election amounts between \$50 to \$500 on May 1, 2018 and be able to use these funds until April 30, 2019.

Participants who enroll in this year's 2018-2019 HFSA will not have the option to carry over any remaining funds. This means that participants need to use all their elected HFSA funds, or the participant will lose any remaining funds beyond April 30, 2019.

Please note that as an HFSA participant you still have the 90-day Run-Out period (May 1, 2018 - July 31, 2019) to file claims and request reimbursement for expenses incurred prior to the end of the HFSA plan year April 30, 2019. After this time, all remaining money is forfeited.

### Important to Know

- If you separate from the City of Houston, your HFSA card will be terminated immediately and you will no longer be able to use the card. However, you will have 90 days after your termination date to file any pending claims incurred prior to your termination date for the plan year beginning May 1, 2018.
- If you are out on leave and no longer receiving pay, your HFSA card will be suspended. Upon your return to work, your deduction will be recalculated.
- If you do not return to work, your card will be terminated and you will no longer be able to use the card. However, you will have 90 days after your termination date to file any pending claims for the plan year beginning May 1, 2018.



### How do I manage my HFSA?

Management of your HFSA is a snap with the WageWorks web portal **WageWorks.com** or **WageWorks EZ Receipts mobile app**. You can set up alerts, view your dashboard, submit a claim or receipt, and more.

## DEPENDENT CARE REIMBURSEMENT PLAN

Open Enrollment for Dependent Care Reimbursement Plan is November 1, 2018 – December 31, 2018. The plan begins January 1, 2019 and ends December 31, 2019.



## 2018-19 HEALTH & WELLNESS PROGRAM

Employees, spouses and retirees under 65 are eligible to participate in this year's wellness program. Employees and covered spouses who participate earn a medical rate discount for their 2019-2020 medical benefits. Retirees are ineligible to earn discount, but are encouraged to participate in wellness programs.

**Complete these three simple steps:**

### STEP 1:

#### Biometric Numbers

##### Employees and covered spouses:

Obtain your biometric measurements from your annual preventive exam or one of our limited onsite biometric screening events beginning August 2018. Your biometric measurements must be from February 3, 2018 or later.

You will need up-to-date blood pressure, total and HDL cholesterol, height, weight and waist circumference measurements.



### STEP 2:

#### Complete your Health Assessment by November 30, 2018

**Employees and covered spouses:** Use your up-to-date measurements to complete the online Health Assessment on **MyCigna.com** between August 1, 2018 – November 30, 2018.



## STEP 3:

### Wellness Engagement

**Employees and covered spouses:** Complete one of the four wellness engagement options between May 1, 2018 – March 8, 2019

#### Option A: Preventive Care

Available: February 3, 2018

Deadline: January 31, 2019

Complete two preventive care activities.

Annual Physical Exam

Annual Mammogram

Annual OB/GYN Visit

Annual Cervical Cancer Screening

Flu Shot

Annual Prostate Cancer Screening

\*Annual Dental or Vision Exam

\*Onsite Nutrition Coaching Visit

\*Onsite EAP Coaching Visit

\*Hepatitis A and B Vaccination

\*Pneumonia Vaccination

\*Tetanus Vaccination

\*Varicella Vaccination

\*Zoster (shingles) Vaccination

**Note:** All activities must be reported via a Cigna claim, except those denoted otherwise with an asterisk (\*), which are self-reported.

#### Option B: Telephonic Coaching

Available: March 11, 2018

Deadline: March 8, 2019

Achieve a fitness, diet or health goal with the help of a trained health coach.

Coaches can counsel you in weight loss, smoking cessation, medication adherence, disease management and many other health concerns. Telephonic coaching requires more than one call to achieve a health goal.

#### Option C: Onsite Health Education Programs

Available: May 1, 2018

Deadline: March 8, 2019

Attend or participate in a City of Houston facilitated onsite program. Programs may include monthly awareness events, multi-week lifestyle management programs, fitbit challenges and other department programs. New this year, the Wellness Team will be offering a monthly fitness test to include various fitness exercises and the peer-to-peer training for emotional response.

#### Option D: MyCigna.com Apps and Activities

Available: May 1, 2018

Deadline: March 8, 2019

Earn 1,000 points within Cigna Apps and Activities portal by completing various pursuits (goals) and challenges. Each pursuit and challenge earns participants varying amounts of points depending on difficulty level.

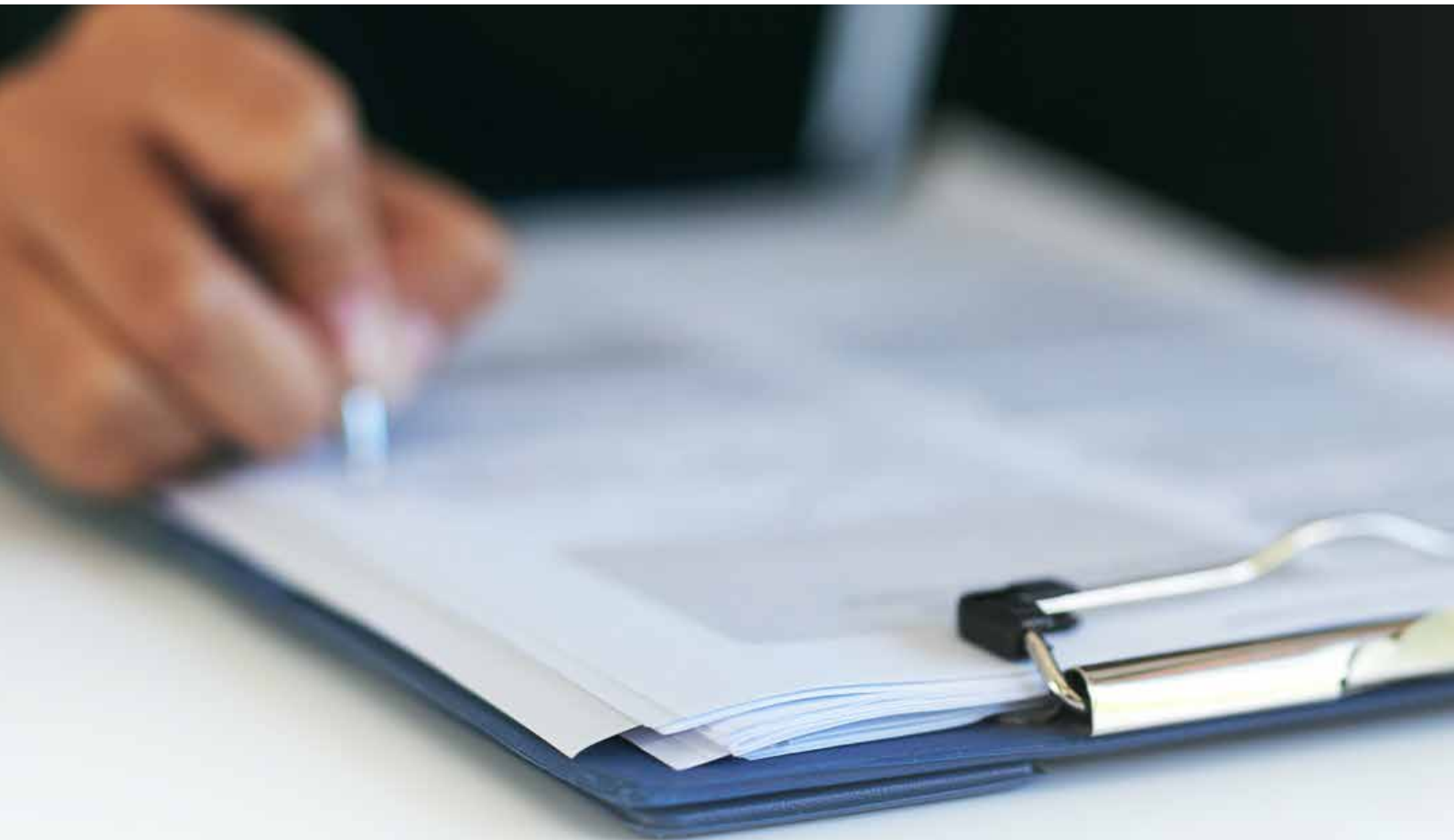
**Get a head start now by scheduling a visit with your primary care physician for your annual preventive exam. Biometric values from February 3, 2018 can be used to complete the Health Assessment beginning August 1, 2018.**



## DEATH TERMINATION PAY FORM

The Death Term Pay Beneficiary form is provided for you to elect a beneficiary to receive any pay, which you would otherwise have received, payable based on your employment. Pay includes, but is not limited to: wages, value of unused vacation accruals (VAC), compensable sick leave (CLS), modified sick plan (MSP) and paid time off (PTO) owed to you upon your death as an active employee. **Please complete the form legibly and have it notarized by a Human Resources Benefits Representative at 611 Walker - 4th Floor or a notary public that is convenient for you.**

SEE REMOVABLE FORM ON PAGE 21



### CITY OF HOUSTON NOTARIES

Human Resources Benefits Representative

611 Walker – 4th Floor

Houston, Texas 77002

☎ 832-393-6000

Operation Hours:

Monday – Friday

8:00 a.m. - 5:00 p.m.





# DEATH TERMINATION PAY BENEFICIARY DESIGNATION FORM

**INSTRUCTIONS: PLEASE COMPLETE LEGIBLY AND HAVE NOTARIZED BY A HUMAN RESOURCES BENEFITS REPRESENTATIVE AT 611 WALKER - 4TH FLOOR OR A NOTARY PUBLIC THAT IS CONVENIENT FOR YOU.**

**TERMINATION PAY** - If my termination of employment with City of Houston is by reason of my death, I affirm the beneficiary designated herein on this form, to receive my pay, which I would have otherwise received, payable based on my employment. Pay includes, but is not limited to wages, value of unused vacation accruals, value of compensable (CLS) sick leave hours, value of modified sick plan (MSP) leave hours, and paid time off (PTO) hours, if any supported by City ordinances, policies, procedures, and/or recognized labor union agreements in effect at the time of my death and payable through the City of Houston payroll system. Pay does not include any payments, resulting from my participation in City-sponsored programs or plans, payable from external sources.

**NAMING THE BENEFICIARY** - It is important that your beneficiary designation be clear so that there will be no question as to your intent. It is also important that you name a primary and a contingent beneficiary. When naming your beneficiary(ies), please indicate their full name, date of birth, social security number, relationship, and if a minor, the age of that minor. If you need assistance, contact your Human Resources Benefits Division or your legal counsel. This beneficiary designation form is effective the date on which Human Resources Benefits Division receives it.

<input type="checkbox"/> Election		<input type="checkbox"/> Change		<input type="checkbox"/> Effective Date _____	
Employee I. D. Number		Department		Last 4 SSN	
Last Name		First Name		M.I.	
Address		Apt. No.		City	
				State	
				Zip Code	
				Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
				Work Phone: ( )	

## Beneficiary Election (Select one):

### ☐ Election A: Single Participant

I am single, widowed, or divorced and designate the individual(s), named on this form, to receive my Death Termination Pay. I understand if I marry, this designation is void the date of my marriage. My spouse will be the assumed beneficiary until I properly execute another Death Termination Pay Beneficiary Form.

**Note: If changing your beneficiary due to a legal separation or divorce, you must attach a copy of the issued court decree.**

### ☐ Election B: Married with Spouse as Sole Beneficiary

I am married and designate my spouse, named on this form, to receive my Death Termination Pay.

**Note: Spouse's signature is not required.**

### ☐ Election C: Married with Spouse not as Sole Primary Beneficiary

I am married and designate the individual(s), named on this form, to receive my Death Termination Pay.

**Note: For Election C your spouse must sign the consent below.**

## PRIMARY BENEFICIARY

Name	Date of Birth	Social Security #	Relationship	Age (if minor)	% to Each

## CONTINGENT BENEFICIARY

Name	Date of Birth	Social Security #	Relationship	Age (if minor)	% of Each

The percentage(s) must total 100 percent. If percentage is not listed, the Death Termination Pay will be divided equally between or among the primary or contingent beneficiaries, as applicable.

**MUST BE NOTARIZED BY A HUMAN RESOURCES BENEFITS REPRESENTATIVE AT 611 WALKER - 4TH FLOOR OR A NOTARY PUBLIC THAT IS CONVENIENT FOR YOU.**

Employee Signature \_\_\_\_\_ Contact Phone \_\_\_\_\_ Date \_\_\_\_\_  
Spouse's Name (Print) \_\_\_\_\_ Spouse's Signature \_\_\_\_\_

THE STATE OF TEXAS       §  
  §  
COUNTY OF \_\_\_\_\_ §

**BEFORE ME**, the undersigned authority, on this day personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND and seal of office this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ A.D.

(SEAL)

Notary Public - Signature: \_\_\_\_\_



## DID YOU KNOW?

## YOU HAVE INPATIENT AND OUTPATIENT MENTAL HEALTH AND SUBSTANCE ABUSE BENEFITS THROUGH YOUR CIGNA PLANS!

Your cost share for mental health professionals and facilities is the same as your medical benefit for the medical plan you select when you use **Cigna Total Behavioral Health** network providers.

To find out more about your coverage or identify network providers call **800.997.1406**, or visit **www.mycigna.com**, select **Review My Coverage**, click the **Mental Health** or **Substance Abuse** link for Coverage Summary, Details and Plan Features.



## EMPLOYEE ASSISTANCE PROGRAM

**Contact Information:** ☎ 832-393-6510 ✉ [employeeassistanceprogram@houstontx.gov](mailto:employeeassistanceprogram@houstontx.gov)

### Additional Information

Personal issues, planning for life events or simply managing daily life can affect your work, health and family. Your Employee Assistance Program (EAP) provides support, resources and information for personal and work-life issues. Your EAP is company-sponsored, confidential and provided at no charge to you and your dependents. This information explains how your EAP can help you and your family deal with everyday challenges.

### Confidential Counseling

#### Someone to talk to.

This no-cost counseling service helps you address stress, relationship and other personal issues you and your family may face. It is staffed by highly trained master's and doctoral level clinicians who will listen to your concerns and quickly refer you to in-person counseling and other resources for:

- Stress, anxiety and depression
- Relationship/marital conflicts
- Problems with children
- Job pressures
- Grief and loss
- Substance abuse

### Financial Information and Resources

#### Discover your best options.

Speak by phone with our Certified Public Accountants and Certified Financial Planners on a wide range of financial issues, including:

- Getting out of debt
- Credit card or loan problems
- Tax questions
- Retirement planning
- Estate planning
- Saving for college

### Legal Support and Resources

#### Expert info when you need it.

Talk to an attorney by phone. If you require representation, we'll refer you to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter. Call about:

- Divorce and family law
- Debt and bankruptcy
- Landlord/tenant issues
- Real estate transactions
- Civil and criminal actions
- Contracts

### Work-Life Solutions

#### Delegate your "to-do" list.

Our Work-Life specialists will do the research for you, providing qualified referrals and customized resources for:

- Child and elder care
- Moving and relocation
- Making major purchases
- College planning
- Pet care
- Home repair

### Online Solutions

#### Knowledge at your fingertips.

Online is your one stop for expert information on the issues that matter most to you...relationships, work, school, children, wellness, legal, financial, free time and more.

- Timely articles, HelpSheets, tutorials, streaming videos and self-assessments
- "Ask the Expert" personal responses to your questions
- Child care, elder care, attorney and financial planner searches



## CONTACT INFORMATION

### **Cigna**

- 800-997-1406
- [cityofhoustonerviceinquiries@cigna.com](mailto:cityofhoustonerviceinquiries@cigna.com)
- [mycigna.com](http://mycigna.com)

### **Continental American Insurance Co. (Supplemental)**

- 866-849-0011 or 832-639-4453
- [mywecarebenefits.net/wecare](http://mywecarebenefits.net/wecare)

**Case ID:** A932

**User ID:** Your employee ID

**Password:** Houston18

### **Dearborn National (Life Insurance)**

- 800-348-4512
- [Claims\\_Customer\\_Service@dearbornnational.com](mailto:Claims_Customer_Service@dearbornnational.com)

### **Delta Dental**

- DHMO 844-282-7637
- DPPO 855-242-1549
- [deltadentalins.com/cityofhouston](http://deltadentalins.com/cityofhouston)

### **Employee Assistance Program (EAP)**

- 832-393-6510
- [employeeassistanceprogram@houston.tx.gov](mailto:employeeassistanceprogram@houston.tx.gov)

### **Human Resources Benefits Services**

- 832-393-6000
- [benefits@houston.tx.gov](mailto:benefits@houston.tx.gov)
- [cityofhoustonbenefits.org](http://cityofhoustonbenefits.org)

### **The Hartford (Supplemental)**

- 855-396-7655
- [thehartford.com/benefits/enroll](http://thehartford.com/benefits/enroll)

**User ID:** Your employee ID

**Password:** First letter first name + first letter last name +  
DOB (MMDDYYYY)

### **WageWorks (HFSA)**

- 877-924-3967
- [www.wageworks.com](http://www.wageworks.com)

